

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002108

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1012

Registrar's No. 453

FILED FEB 13 1962

PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

42 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

3922 EAST 60TH TERR.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

JACKSON

admission)

c. CITY

OR

TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

3922 EAST 60TH TERR.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CLYDE

Middle

EMIL

Last

WEAVER

4. DATE
OF DEATH

Month

Day

Year

JANUARY

23

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/3/1892

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CAR LOADER

10b. KIND OF BUSINESS OR INDUSTRY

AMERICAN EXPRESS COMPANY

11. BIRTHPLACE (City and state or country)

FORT SCOTT, KANSAS

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

WILLIAM HARVEY

WEAVER

13b. MOTHER'S MAIDEN NAME

JENNIE SARAH WAGNER

14. NAME OF HUSBAND OR WIFE

LUCY MAE WEAVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 3922 E. 60TH TER.
MRS. LUCY MAE WEAVER KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Internal hemorrhage
Carcinoma of liver (hepatoma)

INTERVAL BETWEEN ONSET AND DEATH

24 hours

3 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-22-61 to 1-23-62 and last saw him alive on 1-22-62

Death occurred at 1:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Herbert Shuey

M.D.

22b. ADDRESS

3903 Brooklyn K.C., Mo.

22c. DATE SIGNED

1-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JAN. 26, 1962

23c. NAME OF CEMETERY OR CREMATOR

FLORAL HILLS CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

D.W. NEWCOMER'S SONS

1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

1-25-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul V. Honey

Licensed Embalmer No. 4724

P. O. Address HC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.